

AMENDED

UNITED STATES DISTRICT COURT ORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)				TRANSCRIPT ORDER Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.					COURT USE ONLY DUE DATE:						
CONTACT PERSON FOR THIS ORDER andra Young King			2a. CONTACT PHONE NUMBER (323) 852-1000			3. CONTACT EMAIL ADDRESS sking@frandzel.com									
ATTORNEY NAME (if different) Michael Gerard Fletcher			2b. ATTORNEY PHONE NUMBER (323) 852-1000			3. ATTORNEY EMAIL ADDRESS mletcher@frandzel.com									
MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) RANDZEL ROBINS BLOOM & SCATO, L.C. 000 Wilshire Boulevard, 19th Floor Los Angeles CA 94102				5. CASE NAME In re: PersonalWeb Technologies, LLC					6. CASE NUMBER 5:18-md-02834						
COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR Lee-Anne Shortridge				8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input checked="" type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL CJA: <u>Do not use this form; use Form CJA24.</u>											
TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION (If requesting less than full hearing, specify portion (e.g. witness or time))	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
1/06/2023	SVK	Discovery		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:															
DER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional). SIGNATURE /s/ Michael Gerard Fletcher												12. DATE 01/18/2023			

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